

Georgia TeenWork Internship Program Payroll Application Checklist

* I certify that the following forms are attached to this application:

- ☐ Employee Information Form
- ☐ Federal Tax Form (W-4)
- ☐ Tax Forms (G-4)
- ☐ DHS Direct Deposit/Debit Card Form

* I certify that the following additional documentation is attached to this application:

- ☐ Social Security Card
- ☐ Driver's License
- ☐ State Issued Picture Identification Card
- ☐ SUCCESS Printout with SSN (Signed by Case Manager)

APPLICANT INFORMATION

Name: _____
Date of Birth: _____
Phone Number: _____
E-mail Address: _____

CASE MANAGER INFORMATION

Name: _____
Phone Number: _____
E-mail Address: _____

NOTE: Incomplete and incorrect payroll applications will not be processed for participation in the Georgia TeenWork Internship Program. Submission of a payroll application does not guarantee entry into the program. It is imperative that signatures are affixed to forms where required and all forms are completed legibly.

Georgia TeenWork Internship Program

OHRMD Payroll Form Instructions

Instructions for completing Employee Information Form

Complete all information in each of the following sections:

Section 1: Name, SSN, Date of Birth

Section 2: Home Address

Section 3: Primary Emergency Contact

Section 4: Secondary Emergency Contact

Section 5: Statistical Information

Section 6: How did you learn about this job opportunity?

Instructions for Completing Federal Tax Form (W-4)

Complete all information in each of the following sections:

Section 1: Print first and last name; home address, city, state and zip code.

Section 2: Input social security number

Section 3: Check marital status, e.g. Single, Married

Section 4: Skip

Section 5: Total number of allowances teen wants to claim.

Section 6: Additional amount, if any, teen wants withheld from each pay check

Section 7: Teen can only claim exemption from tax withholding if they meet both conditions listed in section 7 of the form.

Lastly, teen must sign and date the form.

Instructions for Completing Tax Forms (G-4)

Complete all information in each of the following sections:

Line 1a: Full Name

Line 1b: Social Security Number

Line 2a: Home address

Line 2b: City, State and Zip Code

Line 3: Select a Marital Status then record the number in the adjacent bracket, which represents the number of allowance claimed, e.g. 1.

Line 4: Add number of dependents in the bracket.

Line 5: Skip

Line 6: Additional amount, if any, teen wants withheld from each pay check

Line 7: Letter Used: (Record the corresponding marital status letter from Line 3. Total Allowances: Record the Total of lines 3-5 from the brackets.

Line 8: Read page 2 of the form - if "Exempt" status is claimed **does not complete** Line 3.

Lastly, teen must sign and date form.

Instructions for completing DHS Direct Deposit or Debit Card Form

Select the payroll payment option you desire: "Checking, Savings, or DHS Master Card". List the name of your banking or financial institution for "Checking or Savings" and attach a voided check. Finally complete all information including signature, social security number, street address, phone number and the date.

Required Identification Documents

- Social Security Card or SUCCESS printout with SSN from Case Manager will also be accepted
- Driver's License or State Issued Picture Identification Card

Employee Information

Name:			
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
SSN:		Date of Birth:	

Home Address

Street:			
City:		State:	
County:		ZIP CODE:	
Phone:		Alternate Phone:	

Primary Emergency Contact

Name:		Relationship:	
Street:			
City:		State:	
County:		ZIP CODE:	
Phone:		Alternate Phone:	

Secondary Emergency Contact

Name:		Relationship:	
Street:			
City:		State:	
County:		ZIP CODE:	
Phone:		Alternate Phone:	

Statistical Information

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status: (Optional)		
Ethnic Group:	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian <input type="checkbox"/> Multi racial
Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

How did you learn about this job opportunity?

Please check all that apply

Internet:	<input type="checkbox"/> dhrjobs.com	<input type="checkbox"/> thejobsite.org	<input type="checkbox"/> monster.com	<input type="checkbox"/> ajcjobs.com
<input type="checkbox"/> dhr.georgia.gov	other sites:			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Department of Labor	<input type="checkbox"/> Family and Children Services	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> DHR employee
Other:				

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2015	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	
				10 Employer identification number (EIN)	

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**1a. YOUR FULL NAME****1b. YOUR SOCIAL SECURITY NUMBER****2a. HOME ADDRESS** (Number, Street, or Rural Route)**2b. CITY, STATE AND ZIP CODE**

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1 []

4. DEPENDENT ALLOWANCES []B. Married Filing Joint, both spouses working:
Enter 0 or 1 or 2 []**5. ADDITIONAL ALLOWANCES** []

(worksheet below must be completed)

C. Married Filing Joint, one spouse working:
Enter 0 or 1 or 2 []D. Married Filing Separate:
Enter 0 or 1 or 2 []**6. ADDITIONAL WITHHOLDING \$** _____E. Head of Household:
Enter 0 or 1 or 2 []**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**

(Must be completed only if step 5 is greater than zero)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind

Number of boxes checked _____ x 1300\$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions\$ _____

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
Each Spouse \$1,500\$ _____

C. Subtract Line B from Line A\$ _____

D. Allowable Deductions to Federal Adjusted Gross Income\$ _____

E. Add the Amounts on Lines 1, 2C, and 2D\$ _____

F. Estimate of Taxable Income not Subject to Withholding\$ _____

G. Subtract Line F from Line E (if zero or less, stop here)\$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above\$ _____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) _____**TOTAL ALLOWANCES** (Total of Lines 3 - 5) _____

(Employer: The letter indicates the tax tables in the Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here ☐b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____ My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. Check here ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____**Date** _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: _____**EMPLOYER'S FEIN:** _____**EMPLOYER'S WH#:** _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

DEPARTMENT OF HUMAN SERVICES

DIRECT PAYROLL DEPOSIT OR DHS DEBIT MASTER CARD FORM

> What is direct payroll deposit or DHS Debit Master Card (DMC)?

Direct payroll deposit or the DHS Debit Master Card is a way to electronically deposit your net paycheck into either your personal bank account, or electronically transfer your net pay onto a debit card on payday.

> Why should I use direct payroll deposit or DHS Debit Master Card?

Imagine not having to worry about getting to the bank before it closes, no more waiting in line to deposit your paycheck, or wondering how to get and deposit your paycheck if you are not scheduled to work on payday. These are some of the benefits of direct payroll deposit.

> When is my net pay deposited into my account or onto my DHS Debit Master Card?

Your net pay should be deposited by 2:00 p.m. on payday.

> How do I qualify and sign up for direct payroll deposit?

All Department of Human Service employees qualify for direct payroll deposit. To sign up, complete the form at the bottom of this page and attach a voided check or savings withdrawal slip. Then, give it to your Human Resource office. The Human Resource office and payroll will take care of the rest.

> How do I qualify and sign up for the DHS Debit Master Card?

All Department of Human Services employees qualify for the DHS Debit Master Card if they are unable to establish a checking or savings account. To sign up, complete the form at the bottom of this page and return to your HR office.

Authorization Agreement for Automatic Deposit of Net Pay

I authorize the Department of Human Services (DHS) to deposit my net pay directly into my Bank/Debit Master Card account. DHS is also authorized to adjust any over/under deposit that it has caused to be made to my account. I recognize that the deposit of my net pay shall be made by electronic means. I further acknowledge that the responsibility of DHS to provide me my net pay shall be satisfied by DHS providing a correct credit entry in accordance with the automatic deposit services agreement (credits) between DHS, and SunTrust Bank, or Comerica.

The net amount of my paycheck is to be deposited into my: Select one of the following.

- ☐ Checking Account
☐ Saving Account
☐ DHS Debit Master Card Account – (An account number will be assigned and a DMC will be mailed to you)

At _____ (name of your financial institution). Attached is a voided check or savings withdrawal slip showing the correct information for my account. If I change my bank or my bank account, I am responsible for notifying the DHS Office of Financial Services Payroll Subsection in writing of the change immediately.

In signing this authorization for direct payroll deposit or Debit Master Card, I understand that certain checks will not be automatically deposited into my account bank account or on to my Debit Master Card but will be given to me. These checks are:

1. First check after Payroll Subsection sets up Direct Deposit in my record. (Bank requires prior notification.)
2. First check after Payroll Subsection enters authorized changes in my bank account.
3. Last check paid to me upon my termination/resignation from the department.
4. Any check that is not run at least five (5) days prior to payday.

Signature: _____ Social Security Number: _____

Current Mailing Address: _____

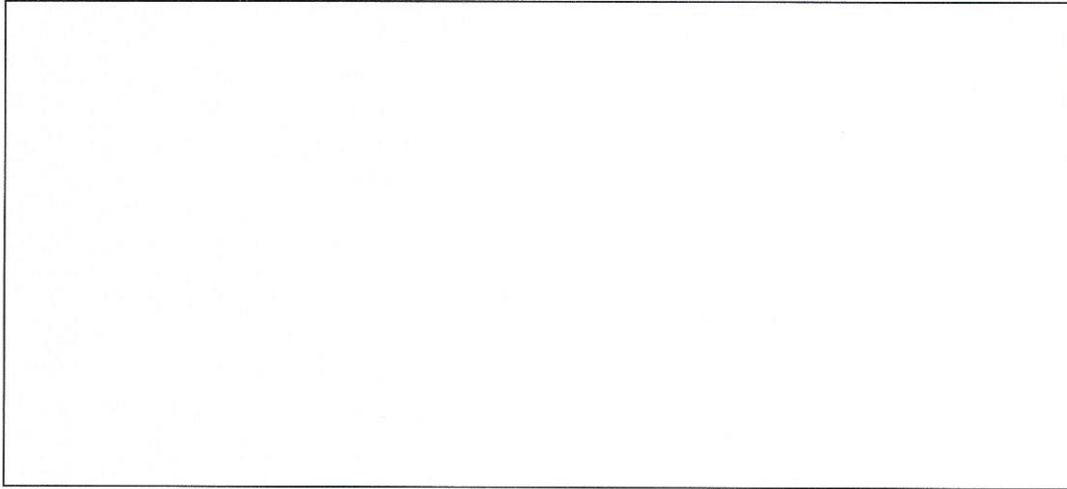
Office Telephone Number: _____ Date: _____

Social Security Card Information

Name:

Social Security Number:

Insert a copy of social security card below:



Driver's License or State Issued Picture Identification

Insert a copy of driver's license or state issued picture identification card below:

